

# CALIFORNIA MEDICAL ASSOCIATION

---

JOHN W. CLINE, M.D.....	President	EDWIN L. BRUCK, M.D.....	Council Chairman
E. VINCENT ASKEY, M.D.....	President-Elect	L. HENRY GARLAND, M.D.....	Secretary-Treasurer
LEWIS A. ALESEN, M.D.....	Speaker	SIDNEY J. SHIPMAN, M.D.....	Chairman, Executive Committee
DONALD A. CHARNOCK, M.D.....	Vice-Speaker	DWIGHT L. WILBUR, M.D.....	Editor
JOHN HUNTON.....	Executive Secretary		

---

## **NOTICES AND REPORTS**

### **The Physician Looks at the 1947 Legislative Session**

The Medical profession was almost 100 per cent successful in its 1947 Legislative program. No legislation inimical to the public health or the maintenance of high professional standards was passed. On the affirmative side many bills either sponsored or approved by the profession were enacted into law. When the gavel fell at midnight, June 23, it ended one of the longest sessions in the history of California's legislatures, and the busiest session for the medical and allied professions.

During the 170 calendar days of the 1947 session, 4,317 bills were introduced. Careful scanning of each of these proposals, by the Sacramento office of The Public Health League of California, turned up a total of 239 bills that required constant watching. While compulsory health insurance was the top issue and would have made up a full program in itself, a myriad of other issues seethed through the long session. Through the cooperation of individual members of the profession who kept their legislators informed, it was possible to meet all these issues successfully. There were a few sponsored or approved measures which failed, but these were not of vital concern and may be pressed at future legislative sessions.

#### **HEALTH INSURANCE**

In his opening message to the Legislature, Governor Warren again demanded enactment of a compulsory health insurance bill. His demands were presented in Assembly Bill 1500 by Assemblymen Wollenberg and George D. Collins of San Francisco, and Senate Bill 788 by Senators Salsman of Palo Alto, Jespersen of San Luis Obispo and Dillinger of Placerville. The press and Capitol observers were quick to predict that this would be the top "fight" of the 1947 session. When the Senate bill was called for committee hearing its sponsors were given ample time to present their arguments. Business, industry, agriculture, insurance groups, the hospital association and organized medicine presented their opposi-

tion and the committee took the bill "under advisement." Two weeks later it was tabled by the committee without a dissenting vote, upon motion of Senator Keating of San Rafael, seconded by Senator Parkman of San Mateo.

Committee hearings on the Assembly bill were delayed (by the sponsors) until the closing weeks of the session. After hearing the arguments pro and con the Public Health Committee of the Assembly, on motion of Assemblyman McCollister of Mill Valley, voted to postpone action on the bill and refer it to an interim committee for study—if such a committee should be created. No such committee was created.

Defeat of these bills did not dampen the insistence of Governor Warren and he stated in a press conference: "Objections to health insurance have become threadbare and have lost their force. . . . We most certainly will get a health bill while I am governor."

Thus it appears certain that the issue will again be revived at the next session of the Legislature.

The C.I.O., which sponsored a bill in 1945, did not offer a proposal in the 1947 session.

#### **ANTIVIVISECTION**

Antivivisectionists waged a hot battle for enactment of two bills which struck at animal experimentation. The first of these, by Assemblyman Kilpatrick of Los Angeles, was tabled in committee. The second, by Assemblyman Evans of Los Angeles, was amended numerous times and then dropped by its sponsor. Thousands and thousands of letters and telegrams urging enactment of these bills were poured in upon members of the Legislature. A section of the press vigorously urged their adoption but the large majority of the assemblymen refused to become interested.

Skilful and telling opposition to the bills was presented by high officials of the medical and dental

schools of the state; the Animal Husbandry Division of the State College of Agriculture; the State Association of Veterinarians, and commercial laboratories.

#### CULTISTS

Chiropractors and Naturopaths were exceedingly active in seeking to secure favorable action by the Legislature. Two groups of Naturopaths were on hand with well financed and active lobbies. One group sponsored the perennial bill to set up a new Board of Naturopathic Examiners and grant licenses to all members of their association. Hearings on this bill dragged out for weeks in the Senate Committee on Public Health and Safety; the bill was amended numerous times, but still it failed to receive committee approval.

Another group sponsored Assembly Bill 717 to require the State Board of Medical Examiners to issue licenses to Naturopaths upon certification by an examining committee of Naturopaths. This bill too was frequently amended. It was made the subject of study by a sub-committee of the Assembly Committee on Public Health, and finally in the closing days of the session it came out to the Assembly floor "without recommendation." It was finally dropped.

Both of these groups served notice that they would be back again in 1949.

Chiropractors sponsored an amendment to their initiative to increase the number of hours of study required of applicants for license. This will be voted upon at the next general election. They unsuccessfully opposed several bills which tightened up the Medical Practice Act. Particularly did they oppose a Board of Medical Examiners bill to limit the use of the word "physician."

#### COUNTY HOSPITALS

For the eighth consecutive session of the Legislature a bill was introduced to open up county hospitals to all residents of the county. Its sponsor this year was Assemblyman Lowrey of Yolo County. It was refused committee approval and an effort to withdraw it from committee was defeated on the Assembly floor.

#### COMPENSATION-DISABILITY INSURANCE

No changes were made in the medical phases of the Compensation Act. Optometrists sought recognition under the act, but the Senate drastically amended their bill to provide that they cannot advertise or hold themselves out as "physicians."

The California Medical Association sponsored Senate Bill 1110 to clarify the position of physicians in certificates for sickness disability indemnity. Dentists and chiropodists will be permitted to certify under the act, within the scope of their practice, but optometrists were specifically excluded.

#### HOSPITALS

The Legislature approved an administration sponsored bill to permit matching of state funds with

federal and local funds for hospital construction. Due to restrictions in the state constitution, this money can be applied only to public hospitals or hospitals constructed by hospital districts, unless the voters amend the constitution to permit non-profit hospitals to participate. Such a constitutional amendment was approved by the Assembly but was killed in Senate committee.

Senate Bill 510 sponsored by the C.M.A. to prohibit the employment of physicians by hospitals organized under the Hospital District Act in such manner as to result in profit to the hospitals, was passed and approved by the Governor.

An attempt to establish minimum standards for hospitals organized under the Hospital District Act was lost when furious opposition was presented by osteopaths. Two plane loads of osteopaths flew to Sacramento to pack the committee room. Conversely, a bill sponsored by osteopaths to require district hospitals to admit them to practice in such hospitals was defeated in Assembly committee.

Hospitals will be permitted to employ residents pending their examination for California licensure, and teaching schools will be permitted to exchange teachers without California licenses, under the terms of Assembly Bill 2428, passed and approved by the Governor.

Early in the session an emergency act was passed extending until January 1, 1948, the wartime exemptions under the Nursing Practice Act. Assembly Bill 2416, passed and approved by the Governor, makes some extensions in the reciprocity features of the Nursing Practice Act.

#### MEDICAL EXAMINERS

Senator Fred H. Kraft of San Diego was the author of a series of 15 bills sponsored by the Board of Medical Examiners and designed to strengthen the authority of the Board and to correct inequities. In the main these were passed by the Legislature, although the sponsors dropped some of them because of technicalities. Two of these bills of particular general interest are SB 1061 to prohibit the use of the title "physician" unless the user is licensed as a physician and surgeon, and SB 1064 to restrict the power of the courts to reverse the findings of the Board in qualifying medical schools for admission of graduates to examination or in rejecting applicants for examination. The former bill was passed by the Legislature and at this writing (July 5) is awaiting action by the Governor. The latter bill passed and has been approved by the Governor.

#### MISCELLANEOUS

A large number of bills covering miscellaneous topics of interest to members of the Medical profession were in the legislative hopper. Two bills to permit individuals to will all or parts of their bodies (particularly cornea for transplantation) passed and were signed into law. Assembly Bill 487 to prohibit rebates in medical practice met heavy opposition in committee and failed to receive approval.

Senate Bill 1257, commonly known as "the blood

bank bill," was approved by the Senate Committee on Public Health and Safety but was killed by the Senate Finance Committee.

An administration sponsored bill to extend state aid to local health departments was passed and is awaiting action by the Governor. The bill contains amendments suggested by the C.M.A.

In the closing hours of the session the Senate Committee on Governmental Efficiency tabled Assembly Bill 950, sponsored by the C.M.A., for the purpose of permitting employers to sign up for voluntary medical care programs unless employees rejected such plans. The bill had previously passed the Assembly. Both the A.F.L. and the C.I.O. bitterly opposed it.

Just as the gavel fell in the Assembly to signify that no further Assembly Bills could be introduced, Assemblyman Elliott of Los Angeles introduced a compulsory health insurance bill, modeled after the Olson-sponsored measure of 1937. It failed to receive any attention in the Assembly.

The Governor has until July 25 to sign or pocket-

veto all bills passed in the final ten days of the session. Unless otherwise provided, all the new laws go into effect September 19.

Credit for the success of the legislative program goes to key-men in all districts of the state who responded to requests from the Sacramento office; to physicians who gave of their time to journey to the Capitol and appear as witnesses at committee hearings; to Sacramento physicians who made valuable contacts with legislators and to the masterful direction of the over-all picture by Dr. Dwight H. Murray, chairman of the C.M.A. Committee on Public Policy and Legislation.

Legislators have now returned to their homes, after a tiring session. A great many of these members gave powerful aid to the program of good public health legislation. It is urgently suggested that each member of the medical profession make it a special order of business to see his legislator and express appreciation for whatever support was given to this program.

### **C.M.A.'s Radio Program Becomes 30-Minute Sunday Afternoon Show on ABC**

"California Caravan," the California Medical Association radio program inaugurated a year ago by the public relations department under authorization of the Council, has celebrated its first birthday anniversary by becoming a 30-minute Sunday afternoon show on the American Broadcasting Company's California network.

The C.M.A. show, dramatizing celebrated and colorful chapters in California history and utilizing its commercials to advance the cause of voluntary health insurance, is now broadcast every Sunday afternoon from 1:30 to 2 o'clock on the powerful ABC network.

In deciding upon the change from a 15-minute to a 30-minute program and from Friday evening to Sunday afternoon, the Council of C.M.A. weighed several important factors. One was that Sunday programs on the air command greater audiences than those on other days. Also it was recognized that the additional time will permit "California Caravan" to develop dramatic and historic themes in a manner not possible under the previous time limitation.

Of importance, too, was the consideration that the longer program will permit fuller presentation of commercials on the benefits of voluntary pre-paid health insurance, as opposed to compulsory systems.

Perhaps the major influence was a strong letter of commendation for "California Caravan" from the Los Angeles Tenth District unit of the California Congress of Parents and Teachers, comprising 178,000 members, coupled with an appeal that the program be broadcast earlier to enlarge the "family audience."

Said the P.T.A.: "California Caravan is one of the best programs on the air. We might add that

parents are always looking for programs for family listening and would appreciate an earlier broadcast

Evidence that C.M.A.'s weekly radio program, "California Caravan," is building good will among the people of California not only as a dramatic exponent of the principle of voluntary health insurance, but as a worthwhile contribution to family-type radio entertainment is contained in a letter written June 2 by Mrs. Clara S. Logan, radio chairman, Los Angeles Tenth District, California Congress of Parents and Teachers.

"It is our opinion that 'California Caravan' is one of the best programs on the air," Mrs. Logan's letter says. "It is especially to be recommended because it is an excellent example of how an educational program can be an entertaining one. Parents are always looking for programs for family listening, and 'California Caravan' is one the entire family can enjoy together."

The Los Angeles Tenth District P.T.A. has more than 178,000 members, and Mrs. Logan's letter further reveals that the entire membership is being advised to tune in on "California Caravan," through the medium of the District's recently published radio guide.

This guide, besides going into the homes of P.T.A. members, is being placed in all the 10,000 classrooms of the Los Angeles city school system.

for this program which is one the entire family could enjoy together."

The question "Does it pay to advertise?" also entered into the Council's consideration of whether to expand the radio program. When the radio-news-paper advertising campaign of C.M.A. was inaugurated a year ago, California Physicians' Service had an insured membership of 225,000. Today its membership is well over 500,000.

Not only CPS, but other progressive voluntary health insurance systems, apparently have benefited substantially from the C.M.A.'s campaign to make the people of California "health insurance conscious." The number of people insured in all the various health insurance systems in California increased more than 1,000,000 in 12 months.

California stations which will broadcast "California Caravan" on the new Sunday time schedule, 1:30 to 2 p.m., are:

Los Angeles . . . . .	KECA	Sacramento . . . . .	KFBK
San Francisco . . . . .	KGO	Stockton . . . . .	KWG
Watsonville . . . . .	KHUB	Bakersfield . . . . .	KPMC
Santa Barbara . . . . .	KTMS	Eureka . . . . .	KHUM
San Diego . . . . .	KFMB	Riverside . . . . .	KPRO
Santa Maria . . . . .	KCOY	Brawley . . . . .	KROP
Fresno-Visalia . . . . .	KTKC	Indio . . . . .	KREO

## CANCER NEWS:

The Cancer Commission of the California Medical Association is continuing its program of professional education by means of published articles in CALIFORNIA MEDICINE, periodic refresher courses for physicians, and special lectures before component county medical society groups. County medical society secretaries desirous of securing speakers on cancer for future programs should communicate with Dr. David A. Wood, Cancer Commission, 450 Sutter Street, San Francisco, at the earliest possible date.

The Cancer Commission also functions as a portion of the Board of Directors of the California Division of the American Cancer Society. That Society is advancing the work of popular education and assistance in cancer with the cooperation of the Cancer Commission.

The program of the Society and the Commission is essentially as follows: *to make maximum use of methods already available for the prevention, diagnosis and treatment of cancer, and to continue research for improvement in those fields.* At the present time the program includes the gradual development of Information Centers, Detection Centers and Consultative Tumor Boards.

Information Centers are units whence the public may be directed to physicians for examination and treatment. In larger counties they are combined with units for home and hospital service to needy cancer patients, and other service projects.

There is considerable demand for so-called De-

tection Centers. Detection centers are defined as agencies, usually connected with hospitals, to which apparently *healthy* persons may go for periodic physical examinations directed to the detection of accessible cancer. The practical operation of detection centers is a complex and relatively expensive undertaking. It is estimated that at least 400 apparently healthy adults over the age of 40 must be examined for every accessible cancer detected. The cost per examination approximates \$20. With several million persons in this state over the age of 40, it is quite evident that periodic physical examinations of all apparently healthy adults would be a herculean task.

A more rapid solution of the problem is undoubtedly to attempt to "make every physician's office a detection center." This is the policy of your cancer organizations.

There is now available in most general hospitals in this state a Consultative Tumor Board.

*The minimum standards for Approved Detection Centers and Approved Consultative Tumor Boards are reprinted below for your information.*

It is hoped that within a relatively short number of years there will be available within a reasonable distance in every part of the state (depending upon population density and geographic considerations) physicians interested in and competent to diagnose and treat cancers—notably the triad of a pathologist, a radiologist and a surgeon. By such means there will be readily available to the public the trained personnel required for the diagnosis and treatment of this disease.

The following standards are available in reprint form for members desiring such. Copies have already been sent to all Centers and Tumor Boards, and the staff members contemplating the creation of such, to the State Department of Public Health and to similar agencies.

\* \* \*

### Minimum Standards for Cancer Detection Centers\*

The Council of the California Medical Association is authorized to approve such cancer detection centers as are recommended to it by the Cancer Commission as having fulfilled the minimum standards.

### Policy of California Medical Association

The California Medical Association recognizes and asserts the importance of periodic physical examinations in all persons over forty years of age and in all women after pregnancy in order to detect early chronic diseases with special emphasis on the early detection of cancer.

Therefore, the California Medical Association strongly urges its members to adopt a regular pro-

\* Members desiring to obtain further details regarding organization and experiences in existing Detection Centers may read:

1. The Service Handbook of American Cancer Society, 1947 (pp. 5, 16-22 and 30 and 34); obtainable from the state office, American Cancer Society, 405 Montgomery Street, San Francisco.

2. The Health Maintenance booklet published by the Donner Foundation, Philadelphia, 1947.

gram of complete periodic health examinations of all patients after middle life in their private practice. The California Medical Association also strongly urges the public to seek regular periodic complete physical examinations by their family physician.

Further, the California Medical Association approves the establishment of "cancer detection centers" by component county societies for the periodic examination of presumably well adults provided such centers meet the minimum standards adopted by the California Medical Association.

### California Medical Association Minimum Standards for Cancer Detection Centers†

**Purpose:** The purpose of the "cancer detection center" shall be to make periodic physical examinations of presumably well persons to discover early chronic disease with special emphasis on the early recognition of cancer or lesions that may lead to cancer.

**Definition (of the American Cancer Society and Approved by the A.M.A.):** "The cancer detection, cancer prevention or well-person clinic is designed to detect abnormalities not producing symptoms sufficient to send the patient to the doctor. These clinics do not diagnose or treat diseases."

**Preamble:** The cancer detection center has proved to be a useful means of discovering early cancer or lesions that may lead to cancer. The center may be a valuable public health measure, but in order to protect the public both physically and mentally, it is essential that the examinations in these clinics be conducted with judgment and accuracy. The cancer detection center properly conducted can be the means of saving the lives of cancer patients, but if not properly conducted, it can be a source of great danger. If the examinations in the center are not thoroughly and efficiently made early cancer may be overlooked and the patient dismissed with a sense of false security which will delay further adequate treatment. Also, failure of the clinic to evaluate suspicious lesions may develop an unjustified and ineradicable cancer phobia.

In order to assure the public of the best type of periodic examination and to protect the public from incomplete methods and unfounded fear, the C.M.A. has adopted the following program of "minimum standards" for "cancer detection centers" in California.

1. The cancer detection center shall have the continued approval and support of the county medical society. The clinicians must be members of that society.

2. The center must be conducted in the out-patient department of a Class A medical school or an approved hospital. If located away from the institution it must be operated as an integral out-patient department of that institution.

3. Where there is no approved hospital or medical school in the community the cancer detection center will be operated by the county medical society and all of the activities will be under the immediate supervision and control of the society. The center shall be conducted in a local hospital unless special approval is granted by the Cancer Commission after careful investigation.

4. The center shall be supervised by a physician who has had training and experience in the diagnosis and treatment of cancer.

5. The center shall have proper housing and adequate facilities and supplies to conduct complete physical examinations. The clinical laboratory and x-ray departments shall be easily accessible to it.

6. A sufficient number of clinicians shall be available to conduct the center at regular intervals and to provide for complete physical examination of every patient accepted by the center.

7. Adequate records shall be kept of the history, physical findings and recommendations and of the disposition of the patients. Sufficient personnel shall be available to provide for necessary nursing, stenographic and record services.

8. The examination shall include:

- (a) History
- (b) Routine blood count, urinalysis and serology
- (c) X-ray film of the chest (mass survey)
- (d) Nose and throat examination, including lips and interoral
- (e) Examination of the breasts
- (f) Physical examination of the chest, abdomen and extremities (including skin)
- (g) Examination of lymph nodes: neck, axillae and groin
- (h) Pelvic examination
- (i) Rectal examination
- (j) Papanicolaou vaginal smear (where feasible).

9. Examinees that present suspicious history or abnormal physical findings shall be referred to their family physician for diagnosis and treatment. If there is no family physician, the patient shall be referred to a physician or clinic as directed by the policy of the county medical society.

10. A summary of the pertinent facts and recommendations of the center shall be sent to the physician or clinic to whom the patient is referred.

11. One month after such reference to physician the case shall be followed up by letter or social service visit and a complete report of the diagnosis and treatment shall be obtained.

12. Only presumably well adult patients will be accepted for examination. No patient under treatment for cancer will be accepted without permission of the attending physician.

13. Examinees shall pay a registration fee of \$2.00 for each appointment, collected in the name of the institution conducting the center.

14. All publicity concerning the center must have the approval of the county medical society.

† Cancer Detection, Cancer Prevention or Well-Person Clinics, Health Maintenance and Cancer Prevention Clinics, and Examination Centers are all terms applied to such clinics. In California "detection clinics" shall officially be known as "Cancer Detection Centers."

15. Regularly scheduled periodic meetings will be held by the staff to study, review and follow up the cases seen in the clinic. An annual report of the work of the center will be sent to the Cancer Commission.

### **Minimum Standards for Consultative Tumor Boards**

The Minimum Standards for Consultative Tumor Boards are presented by the Cancer Commission as a guide for the formation of new boards in California. These Standards will be the basis of approval and recommendations for all Tumor Boards that apply to the California Division of the American Cancer Society for financial support.

#### **I. Personnel**

Each Tumor Board must meet the following minimum requirements:

##### *A. Officers*

1. Chairman—M.D.
2. Professional secretary—M.D.
3. Lay secretary.

##### *B. Regular members* (all must be certified)

1. Pathologist (pathologic anatomy)
2. Radiologist
3. Surgeon
4. Internist
5. Gynecologist.

##### *C. Consultative members* (preferably certified but not mandatory)

1. Otolaryngologist
2. Orthopedist
3. Urologist
4. Thoracic specialist
5. Dermatologist
6. Ophthalmologist
7. Plastic surgeon.

##### *D. Approval*

In those instances where one or more members of the Regular Tumor Board are not certified or where the standard number of specialists is not available, approval may be granted after consideration by the Cancer Commission.

#### **II. Meetings and Procedure**

1. Each Board shall have regularly scheduled periodic meetings and shall have a minimum attendance of 80 per cent of the Regular members. Consultative members shall maintain 80 per cent attendance when notified of presentation of cases in their specialties.
2. The professional members of each Board shall serve without pay.
3. Each Board shall see all patients who present themselves regardless of the financial status of the patients.
4. All technical and/or therapeutic procedures instituted under the direction of the Board shall

be limited to indigent or needy patients. Such procedures for private patients shall be arranged for according to accepted private practice standards.

5. Boards must keep clinical records, cross indices and follow-up files on each case, and these files shall be in accordance with the standard set up by the State Cancer Commission.
6. All data compiled and recorded by the Board shall be open to inspection by the Cancer Commission or its representative.
7. Cases shall be presented before any therapy has been instituted when feasible.
8. All licensed physicians shall be welcomed and encouraged to attend the meetings of the Board.
9. All cases of tissue diagnosis of tumors presented at approved Tumor Boards shall be submitted with pertinent data to the central tumor registry of the California Cancer Commission upon the establishment of said registry.
10. The diagnostic nomenclature used by the registry shall be in conformity with that recommended by the California Cancer Commission.

#### **III. Types of Board**

##### *A. County Hospitals*

Tumor Boards established in County Hospitals and receiving financial support from the American Cancer Society shall at all times make their consultative services available to any and all private cases that are referred by a private physician. They shall refer all patients who are not eligible for County care and who are not referred by a private physician to a choice of three members from a panel approved by the County Medical Society.

##### *B. Private Hospitals*

Tumor Boards in private hospitals are designed primarily for consultation on cases referred by the staff or referred by private physicians. Patients referred by private physicians will be sent back to the referring physician with a written record of the findings of the Board and recommendations for management. In exceptional cases Tumor Boards may accept patients for consultative service who are not referred by a physician. In such instances, after review by the Consultative Board, the patient will be given the names of three physicians from a panel designated by the local County Medical Society. A follow-up check will be kept on each patient seen by the Board regardless of the disposition of the case.

#### **IV. General Plan**

Under ideal circumstances, all new tumor cases should come before the Tumor Board on first admission to the institution (either as inpatient or outpatient). However, in large institutions this would tend to overburden the Board with non-problematical cases, and in all institutions might be productive of

delay. Hence, a working plan for the average institution might be as follows:

- A. Cases in which surgery is the accepted mode of treatment and which are in prompt need of such (e.g. annular tumor of descending colon) do not need routine presentation in person. A filled-out "approved case record for Consultative Tumor Boards" will be sufficient. (Until such time as case record forms approved by the Cancer Commission of the C.M.A. are available, the American College of Surgeons form may be used.)
- B. Cases in which radiotherapy is the accepted mode of treatment (e.g. small cutaneous angiomas) could be handled similarly. The correctly filled out case record form would be furnished for notification purposes.
- C. Cases in which operation or irradiation *might* be but are not unquestionably indicated (either alone or in combination), (e.g. a stage II carcinoma of the breast) should be shown.
- D. The actual therapeutic results, immediate and remote, should be carefully analyzed at regular intervals.

### **Dr. Goin's Statement as Witness On National Public Health Bill**

*The following is the text of a statement made June 4 in the District of Columbia by Lowell S. Goin, M.D., when he appeared in behalf of the California Medical Association, California Physicians' Service and the American College of Radiology as a witness in the hearings on S. 545, the National Public Health bill, before the Committee on Labor and Public Welfare of the United States Senate.*

My name is Lowell S. Goin. I am a physician in active practice in Los Angeles, California. I am past president of the California Medical Association, past president of The American College of Radiology, and I am president of California Physicians' Service which, I am sure you know, is the voluntary health care plan instituted by the medical profession in California. I find myself in general agreement with the purposes set forth in this bill, although I regret to say that I cannot agree in every respect with every particular. I think that there is no doubt that a problem of the distribution of medical care actually exists. It does not exist for the reason commonly alleged by the social reformer, but rather because we live in a complex social-economic milieu, and since medicine has become so vast in the scope of its knowledge, it becomes increasingly difficult to apply this knowledge well for the benefit of sick humanity under our present method of distributing medical care. The present bill, in my opinion, represents the first intelligent attempt that has been made to cope with this problem on the national level.

All discussions of the problem of medical care are confused by a recently developing tendency to use the words "health" and "medical care" as though they were interchangeable words; as though one were a synonym of the other. Nothing is farther from the truth. Medical care is, in fact, only a part of the problem of health and not even the most important part, since health depends almost entirely upon good nutrition, good housing, adequate clothing, adequate rest periods, adequate recreation, sanitation, hygiene, the regulation of patent medicine advertising, the control of the cults, etc. Medical care consists of the care of the sick and injured, while health consists of *not* being sick or injured; and it seems to me that the Federal government, if sincerely interested in health and welfare of the people, might well turn its attention to some of these other problems rather than attacking the minor fraction of the problem called medical care.

I think that it is debatable that the care of the health of the American people is a natural function of the government. All history seems to indicate that the best government is that which governs the least; and the constant intervention in the private lives of citizens by the Federal government is a thing which I view with alarm. I am not even sure that we should take money from the taxpayer, transport it to Washington, and return it to the several states from which it came, since this too represents one more bit of paternal intervention by the centralized government. Perhaps I am wrong in this opinion, but I am a sturdy believer in the rights of the sovereign states and I dislike to see intervention by the Federal government which is not of absolute necessity. I am certain that the policy expressed in Section 2 of the pending bill, namely that it is the policy to make available medical, hospital, dental and public health services to every individual regardless of race or economic status is not a sound policy, and that people who are economically able to care for themselves should by all means do it, since it is thus that our individuality is preserved.

Nevertheless the general intentions of this bill are most commendable, and I am pleased to be able to endorse them. There is no doubt that at present, health and medical functions are widely scattered through the various departments and agencies of the Federal government and that it is an excellent thing to collect these agencies into a single national agency as the bill proposes to do. Obviously the Pure Food and Drug Act has to do with the health of the people and I feel that there is no doubt that it should be coordinated in an agency such as is proposed in the current bill. If the bill were to have no other effect than the coordination of these now widely scattered agencies the bill would be a good bill for that reason alone.

I am in grave doubt as to Section 203 of Title 2, which authorizes the Surgeon General to expend \$10,000,00 each year for developing more effective measures for the prevention and control of cancer and to assist the states and political subdivisions of the states to establish and maintain adequate meas-

ures for the prevention and control of cancer including the provision for appropriate facilities for diagnosis, etc. I think that an appropriation of money for the general purpose of research into the nature and cause of cancer is a most commendable thing and, indeed, I suspect that a much larger sum should be made available. I see no more reason, however, to provide \$10,000,000 for the diagnosis and control of cancer than to provide a similar sum for the control and diagnosis of gastric ulcer, arthritis, or any other disease. As a matter of fact more people actually die of heart disease than die of cancer, and perhaps it would be even more appropriate to appropriate an even larger sum of money for the control of heart disease. Since there is only one other section of the bill of which I feel critical perhaps I had best deal with it at once.

In Section 712 there appear the words "no plan or modification shall be disapproved because the director disapproves of the methods proposed if the program is designed and calculated by July 1, 1952, to provide hospital services, surgical services, medical services and periodic physical examinations as required by Section 712, Paragraph 'A,'" and to this is added: "it is intended that the states shall devise in each case the methods by which this end is attained." These words appear to me to permit a state to institute a system of compulsory sickness insurance, the Federal government giving a grant-in-aid to such state for the purpose of administering such a compulsory sickness insurance program. It is true that this section seems to be somewhat in conflict with Paragraph 4 of Subsection A, of the same section, in which there occur the words "such program may at the option of the state provide medical care services in one or more of the following ways: in institutions, in the home or in physicians' offices; such program may also provide for the furnishing of such services to such families and such individuals by means of payments in the nature of premiums or partial premiums, or reimbursement of expenses, or otherwise by the state to any voluntary health, medical or hospital insurance fund or other fund not operated for profit, etc." I am unaware as to whether the conflict is unintentional or whether it is actually the intent of the writers of this bill to permit a state having a compulsory sickness insurance program to secure a grant-in-aid for the furtherance of that program. If the latter is the intent, then I must oppose this section of the bill as I have been, and am, strongly opposed to any such system of administering medical care.

I am greatly interested in voluntary health care plans, and I consider the development of such plans to be entirely in accord with our American tradition in which people care for themselves, rather than become the dependent wards of the state. It is my sincere belief that voluntary health insurance, if left to develop untrammelled by any compulsory sickness insurance plan, and in particular if aided by the states so that the medical indigent may be included in such plan, will develop and administer much

better medical care than the people will ever receive under any sort of compulsory insurance plan. It is interesting to note that to the best of my knowledge and belief no compulsory sickness insurance plan thus far presented has made the slightest effort to care for these medically indigent people, leaving them exactly where they are now, a burden upon the charity of the medical profession. Voluntary health insurance would afford an excellent means for the state to render medical care to persons totally or partly unable to pay for it, by the simple means of subsidization of these people by payment of their premiums, or part of their premiums, to existing voluntary health care plans. Incidentally I note that the bill refers frequently to voluntary non-profit plans. Although I have no interest in any except a non-profit plan, I really see no reason why commercial insurance carriers who are prepared to offer adequate health care plans should not have their premiums paid likewise, since the objective of such legislation is not the establishment of any particular method of caring for the sick and injured, but simply of insuring that care is available to them. Certainly in our American system, the making of a profit is no sin, and I repeat that I see no reason why commercial insurance carriers could not easily be included in the proposed program.

As to voluntary health care plans the social reformer argues that there are many objections to them; that there are not a sufficient number of people covered; that people will not provide themselves with voluntary coverage; that the existing plans do not offer complete coverage; that preventive medicine is not sufficiently emphasized; and that protection of the citizens' health is a natural function of the government. I have already spoken of the theory that the protection of the citizens' health is a natural function of government stating that I thought it a debatable doctrine. Let us now consider the additional objections.

It is true that not nearly as many persons are covered as would be covered by a national compulsory plan. But does this mean that people should be compelled by law to do something for their own protection—something that they seem thus far not to be persuaded is essential? As experience develops, as an increasingly large number of subscribers are protected, will not these (if they are satisfied with their coverage) urge their friends and relatives to buy voluntary insurance protection and, if the plan is bad, will it not fall of its own weight? Why, then, must we suddenly impose a new, untried, and highly experimental plan upon the American people? If voluntary insurance proves inadequate or unsatisfactory it may be terminated at any time by those who are insured, since, if they become dissatisfied, they will simply cease paying for unsatisfactory service. All experience, however, indicates that a compulsory plan, once enacted into law, is never repealed, but is simply compounded by amendments, executive orders, and decrees. More than thirty million people are now covered by one type or another of voluntary health insurance, and it seems reason-



able to assume their satisfaction with it, since they continue to pay their premiums.

To the argument that not enough people will protect themselves without compulsion, there are two answers. Seventy-one million of our people have protected themselves with life insurance which they bought and continue to pay for of their own free will, simply because they have been persuaded as to the necessity of so doing. Of course, this vast number of insured was not reached in the first few years of selling insurance, nor should we expect tremendous numbers to enroll themselves in health insurance plans until educational campaigns have had an opportunity to persuade them; and if, after such opportunity has been afforded, people still decline to buy health insurance, will it not indicate their disinclination to budget themselves for medical care, either voluntary or compulsory? And are we not still free men capable of deciding for ourselves, without the intervention of an all-wise government?

Existing voluntary plans do not offer complete coverage, (although some of them approach it rather closely) nor does the currently proposed compulsory plan, in spite of claims to the contrary. Complete coverage is not yet offered because we simply do not know how to do it; nor do those who demand enactment of compulsory insurance. Many voluntary plans offer protection which is complete except for the first two visits to the doctor; a reservation which is necessary to protect the plans from frank imposition, but which could scarcely be held to be a very serious obstacle to obtaining medical care. Little as the compulsory insurance proponents say about it, an identical provision was contained in the last Murray-Wagner-Dingell Bill. Complete coverage will be offered by voluntary plans as soon as the necessary experience has accumulated. Without experience, it cannot be offered, nor can the necessity for experience be by-passed by writing a law.

Preventive medicine is a phrase much beloved by the social reformer, who seems to have a child-like faith that a visit to the panel practitioner will prevent disease. The hard fact is that medicine has not yet attained to the goals wished for, and that most talk about preventive medicine is wishful thinking. How shall we prevent heart disease (except that due to rheumatic fever)? What examination today makes one aware of the coronary disease impending? How do we prevent cancer of the stomach and intestinal tract? The plain hard answer is that there is no such examination, and that we do not know how to prevent cancer or heart disease, and yet these are the two greatest killers that we know. Moreover, it will be well to know how compulsory health insurance proposes to accomplish miracles in preventive medicine. There were two references to the matter in the lately pending legislation: One authorized grants-in-aid to research institutions, and the other directed that the administration of the law shall be such as to prevent accident, disease and premature death! A consummation devoutly to be wished for, but a typical example of the type of thinking that leads

to compulsory health insurance—that is, write it down in a law and it's accomplished.

What have the voluntary plans to offer? Service varying from almost complete (that is, two visits deductible) to that covering only catastrophic illnesses. Not every one has need of the same amount of service; the voluntary plans afford to each the chance to select that which he requires. Sixty-four voluntary plans are now in effect, not including the large amount of indemnity sickness and accident insurance which is written annually by the commercial companies. These plans offer their insured the opportunity to select the doctor of their choice, to go to the hospital which is preferred and, in general, to receive medical care of like quality and under the conditions to which they are accustomed. No administrative officer intervenes; no permits are needed; the relationship between doctor and patient remains the personal and confidential one of the past. No panels are formed; no one's permission is needed to choose a doctor or to change doctors if the patient is dissatisfied. That compulsory sickness insurance can or will permit these freedoms is simply not true.

That voluntary plans can do so is shown by the experience of California Physicians' Service. It is difficult to conceive that its astonishing growth, from 4,000 beneficiary members in 1940 to about 500,000 in 1947, could have occurred unless the members were well satisfied with the services they have received. That they are, in fact, well pleased is shown by the very small cancellation rate, averaging about 2.5 per cent. The growth rate of California Physicians' Service is rapid, and is gaining velocity constantly.

With the cooperation of the California State Grange the Service has enrolled 13,000 farmers of California representing about 60 per cent of the Grange membership, giving them service for surgical operations, specifically including fractures and dislocations, and including hospitalization. After one year's experience, we are reexamining the contracts with a view to including medical care (as distinguished from surgical care) while the member is hospitalized, and we hope eventually to offer full coverage to these farmers and their families. The success of this program may be estimated from the following quotations from a letter signed by Mr. George Shelmeyer, Master of the California State Grange: "As you know, this program has attracted national attention. It is our belief the Grange C.P.S. cooperative program can be built into one of the largest and most satisfactory voluntary health services in the United States."

"Through this program we have been able to make available to our membership surgical care and hospitalization, at prices which they can afford to pay. We consider this plan one of the most sound and constructive movements in voluntary health programs."

This represents our first attempt to give service to individuals who are not employees of a common employer, and who cannot be subjected to payroll

deduction. It is earnestly hoped that this effort will lead to the development of experience sufficient to warrant the coverage of other non-employed persons.

Recently the Service has enrolled 16,000 employees of Standard Oil Company of California—employees scattered over the entire state; and in increasing numbers employers are hastening to secure this health care service for their employees.

With our present experience we are able to supply surgical care, including hospitalization and specifically including fractures and dislocations, at the following rates: male employees \$2.00 per month, female employees \$2.65 per month, employee and one family member \$4.90 per month, employee and two or more family members (including any number of dependents) \$6.80 per month.

Practically complete coverage representing all medical care except the first two visits to the doctor, and including hospitalization, is supplied at the following rates: male employee \$3.15; female employee \$3.80 monthly, employee and one family member \$6.05, employee and two or more family members (including any number of dependents) \$7.95 monthly.

It will be noted that these latter contracts are practically complete health care services. It has been found necessary to require the beneficiary to pay for the first two visits to the doctor to discourage the perfectly human tendency to abuse the plan. If the first visit or the first two visits to the doctor lead to surgery these visits also are covered.

If it be argued that these subscription fees are

high, let me point out that there is thus far no one who knows what these services would cost under compulsory sickness insurance and to remind the committee that the New Zealand compulsory sickness insurance plan operates with a 7.5 per cent pay roll deduction; that it is further subsidized with money from the general tax fund and that its cost now equals 2 per cent of the national income of New Zealand. I may also remark that in the Senate Interim Committee Hearings in the California Senate, testimony was given by proponents for compulsory sickness insurance that a payroll deduction of between 6.75 and 7.15 per cent would be necessary to finance a full coverage program.

I say again that voluntary health insurance will give to the American people more medical care and much better medical care than can ever be furnished by a politically managed compulsory plan. Particularly is this true if the states are permitted, or assisted, in the subsidization of this care for those who are actually unable to afford it. That the growth of voluntary health care plans has been slow is to be expected. Evolution is a slower and less dramatic process than revolution but the revolutionary product is likely to be the sounder one. Voluntary health care plans are being developed and as rapidly as may be. They have been developed on sound actuarial bases by men who know that the complex and vexing problems of medical care are not to be solved by writing words and making them into laws. With the few reservations previously mentioned I thoroughly commend this bill and trust that it will be enacted into law.



## Minutes of Council Meetings

### TENTATIVE DRAFTS OF THE 340TH, 341ST, 342ND, 343RD, 344TH AND 345TH MEETINGS OF THE COUNCIL, CALIFORNIA MEDICAL ASSOCIATION

#### 340th Meeting

The meeting was called to order by Chairman Bruck at 1:15 p.m., April 29, 1947, the Biltmore Hotel, Los Angeles.

##### 1. Roll Call:

Present were President McClendon, President-Elect Cline, Speaker Askey, Vice-Speaker Alesen, Councilors Bruck, Shipman, Henderson, Anderson, Kneeshaw, Kindall, MacDonald, Green, Cherry, MacLean, Moody, Thompson and Regan, Editor Wilbur and Secretary Garland.

Absent: Councilors Johnston and Crane.

Present by invitation were Executive Secretary Hulton, Legal Counsel Hassard, Assistant Executive Secretary Wheeler, Dr. E. L. Remmen, president of the Los Angeles County Medical Association, county society executive secretaries Stanley K. Cochems of Los Angeles, Rollen Waterson of Alameda, Frank J. Kihm of San Francisco, Kenneth

Young of San Diego, and Joseph Donovan of Santa Clara, and Mr. William Tobitt, public relations director of the Alameda County Medical Association. Mr. Clem Whitaker, public relations counsel, also present by invitation.

##### 2. Minutes:

Minutes of the 339th Council meeting were approved.

##### 3. Membership:

(a) A report of membership as of April 25, 1947, was received.

(b) Upon motion duly made and seconded, it was voted to reinstate four members whose 1946 dues had been received since the Council meeting of March 15, 1947.

(c) Upon motion duly made and seconded, it was voted to reinstate 1,523 members whose 1947 dues had been paid subsequent to April 1, 1947.

(d) Upon motion duly made and seconded, it was voted to elect to retired membership the following: Robert Thomas Legge and Frank D. Walsh, Alameda County; William H. Eaton and Liva Charles McLain, Kern County; Harold D. Cornell, San Diego County; Walter H. Brown, Harold Brunn, Henry D. Brusco and Lionel S. Schmitt, San Francisco.

(e) Upon motion duly made and seconded, it was voted to elect to associate membership the following: Elmina N. Cameron, Walter W. Ellwood, Alameda County; W. F. Stein, Fresno County; Roy O. Gilbert, Los Angeles County; C. W. Hartsough and Saul Ruby, San Diego County; Elizabeth Tock and Robert Dyar, San Joaquin County.

(f) Upon motion duly made and seconded, it was voted to elect to life membership the following: E. J. Couey, Fresno County, and N. D. Morrison, San Mateo County.

#### 4. *Financial:*

(a) A report of bank balances as of April 25, 1947, was received. Also received were reports of receipts and expenditures for the period ended April 25, 1947, and a balance sheet as of April 25, 1947.

(b) Upon motion duly made and seconded, it was voted to transfer to the Trustees of the California Medical Association \$206,000 par value U. S. Treasury 2½ per cent bonds of 1972-1967 purchased as authorized at the 399th Council meeting.

(c) Upon motion duly made and seconded it was voted to purchase an additional \$200,000 par value U. S. Treasury bonds and to transfer ownership of such bonds to the Trustees of the California Medical Association.

(d) The monthly allocation of \$5,000 to California Physicians' Service to cover additional expenses to C.P.S. because of CMA public relations activities was discussed; the executive secretary stated that he had talked with Mr. William Bowman, executive director of C.P.S., in this regard and it had been agreed that discontinuance of this allocation would be recommended following the close of the Association's fiscal year on June 30, 1947. It was decided to hold this item open for further consideration when C.P.S. representatives would be present.

#### 5. *Report of the Council:*

The report of the Council, as published in the March, 1947, issue of CALIFORNIA MEDICINE, was discussed. Upon motion duly made and seconded, it was voted to approve the Council report as published, subject to additions which might be voted prior to the meeting of the House of Delegates.

Upon motion by McClendon, seconded by Anderson, with amendments made and approved by the mover and seconder, it was voted without dissent that the Council go on record as disapproving a constitutional amendment offered in the 1946 House of Delegates, the effect of which would be to increase the size of the Council and that the Council chairman appoint a committee to draft a resolution to that effect to be presented to the House of Delegates as an addendum to the report of the Council.

Legal Counsel presented a proposed amendment to the Constitution, to amend Article IV, Section 1(e) of the Constitution, covering eligibility for election to Life Membership. Upon motion duly made and seconded, it was voted that the proposed constitutional amendment be approved and placed before the House of Delegates as an addendum to the Council report.

#### 6. *Public Relations:*

Mr. Whitaker reported on the progress of the public relations campaign, stating that Voluntary Health Insurance Weeks had been staged in 34 counties to date and would be concluded in another five counties by June 30, 1947. He recommended that such campaigns be carried on in the other 19 counties in the last half of 1947.

Mr. Whitaker made the following recommendations:

(1) That more thought be devoted to curing the causes of the demand for compulsory health insurance, through the establishment of a professional relations department within the C.M.A.

(2) That courses in public relations be established in the medical schools of California by the C.M.A.

(3) That the C.M.A. authorize and finance research to determine if California Physicians' Service and commercial insurance companies can insure against catastrophic illness or injury and, if so, on what terms.

In response to a question, Mr. Whitaker stated that a 30-minute radio program on Sunday afternoons would cost about \$1,500 weekly as compared with the present cost of about \$1,260 weekly for a 15-minute program on Friday evenings. Doctor Cline suggested that an additional \$6,000 be added to Mr. Whitaker's budget to cover the cost of such a change in the last half of calendar 1947.

Mr. Whitaker then presented a proposed budget to cover the activities of his organization on behalf of the Association for the fiscal year to start July 1, 1947. For the first half of this period, the final six months of calendar 1947, he proposed a budget to include the completion of Voluntary Health Insurance Weeks, the continuation of the radio program and the continuation of field forces now engaged. For the first six months of 1948 he recommended the elimination of field forces except for one newspaper contact man, the institution of a modified schedule of newspaper advertising and the continuation of the radio program.

#### 7. *Advisory Planning Committee:*

Through its chairman, John Hunton, the Advisory Planning Committee reported on its meeting of April 29, 1947, at which time discussion was held on the advisability of instituting a professional relations program within the framework of the C.M.A., the program being aimed at determining and correcting those elements in the daily contact between the individual physician and the individual patient from which bad public relations for the entire profession

might arise. The committee suggested that if such corrections could be made, the ultimate public relations of the medical profession might be improved and the demand of the public for a system of compulsory health insurance eliminated.

The committee offered a three-point program, upon which it requested that no action be taken at this meeting but that consideration of the proposal be given by the Council prior to the termination of the 1947 Annual Session. The program is as follows:

(1) That emphasis on the "human relations" in medical practice be started immediately in order to improve physician-patient relationships.

(2) That this work be undertaken directly by the C.M.A. through its Executive Secretary, under the direction of the Executive Committee and in cooperation with the Advisory Planning Committee.

(3) That the Executive Committee be authorized to appropriate sufficient funds to implement this program as it develops.

Upon request by the Council chairman, this proposal was discussed briefly by Messrs. Waterson, Cochems, Donovan, Young and Kihm.

Upon motion duly made and seconded, it was voted to defer consideration of this proposal and of Mr. Whitaker's budget to the April 30 meeting of the Council, at which time these items would be discussed together with the proposed budget for the Association's 1947-1948 fiscal year.

#### 8. *Meeting Place for 1948:*

Upon motion by Anderson, seconded by Cherry, it was unanimously voted that the 1948 Annual Session be held in San Francisco.

#### 9. *Palo Alto Clinic:*

Chairman Bruck read the correspondence between the Association and the Santa Clara County Medical Society and Stanford University resulting from the 399th Council meeting. Upon motion duly made and seconded, it was voted that the Council resolution adopted at the 399th Council meeting be added to the Council report to the House of Delegates.

#### 10. *Committee on Committees:*

The Council chairman was authorized to appoint a committee (consisting of Councilors MacDonald, Henderson and Alesen, Chairman) to recommend members for appointment as members of standing committees.

#### 11. *Tuberculosis and Health Association:*

Upon motion by Shipman, seconded by Henderson, it was voted that the Council chairman appoint a special committee to serve as a liaison between the Association and the California Tuberculosis and Health Association.

#### 12. *Proposed Class of Membership:*

Doctor McClendon suggested that the creation of a new class of membership, to include medical students, internes and residents, be considered by the

Council. Upon motion by McClendon, seconded by Kindall, it was voted that a constitutional amendment covering such membership class be prepared for consideration by the Council. The Council chairman appointed Doctors McClendon and Kindall to this committee and suggested that they also study the possibility of a separate organization of students, internes and residents, to be affiliated with the C.M.A.

#### 13. *Time and Place of Next Meeting:*

It was agreed that the next meeting of the Council should be held at 8 a.m., Wednesday, April 30, 1947, in Conference Room 6 at the Biltmore Hotel.

#### Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

#### 341st Meeting

The meeting was called to order by Chairman Bruck at 8 a.m., April 30, 1947, in the Biltmore Hotel, Los Angeles.

#### 1. *Roll Call:*

Present were President McClendon, President-Elect Cline, Speaker Askey, Vice-Speaker Alesen, Councilors Bruck, Shipman, Crane, Henderson, Anderson, Kneeshaw, Kindall, MacDonald, Green, Cherry, MacLean, Moody, Thompson and Regan, Secretary Garland and Editor Wilbur.

Absent: Councilor Johnston.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, Assistant Executive Secretary Wheeler, county society executive secretaries Waterson of Alameda and Donovan of Santa Clara, Public Relations Consultant Whitaker, Mr. Ed Clancy of California Committee for Voluntary Health Insurance, Doctor Dorothy Allen, secretary of the Alameda County Medical Association, and Doctor C. L. Cooley, secretary, and Mr. William Bowman, executive director, of California Physicians' Service.

#### 2. *Budget for 1947-1948:*

Consideration was given to the proposed budget for the fiscal year to start July 1, 1947. Upon motion duly made and seconded, it was voted that an item of \$10,000 for medical defense education be added to the proposed budget.

Upon motion duly made and seconded, it was voted that Mr. Whitaker's proposed budget be approved and that Mr. Whitaker be requested to appear before the House of Delegates to outline his proposed plans.

After consultation with Mr. Bowman, it was moved, seconded and carried that an item of \$20,000 for additional assistance to California Physicians' Service be added to the budget.

With the items noted above, it was regularly moved, seconded and carried without dissent that the budget of expenditures for the 1947-1948 fiscal year be approved.

### 3. *Dues for 1948:*

After discussion, it was regularly moved, seconded and carried unanimously that the Council recommend to the House of Delegates that C.M.A. dues for 1948 be set at \$60 and that this figure be used in estimating the Association's revenues for the 1947-1948 budget.

### 4. *Addendum to Council Report to House of Delegates:*

The committee appointed on April 29 to bring in a proposed resolution covering the constitutional amendment offered in 1946 (Councilors Kneeshaw, chairman, MacDonald, Thompson and Henderson) presented a report setting forth the views of the Council and upon motion duly made and seconded, it was voted that this report be incorporated in the addenda to the Council report to the House of Delegates. In the voting on this motion, Speaker Askey disqualified himself as holding the deciding vote in the House of Delegates in case the Speaker was called upon to vote. Doctor Regan asked that his vote be recorded as opposed to the motion. The other councilors from Los Angeles and adjoining areas spoke at considerable length on behalf of the motion.

### 5. *Time and Place of Next Meeting:*

It was agreed that the next meeting of the Council be held on Thursday, May 1, at 8 a.m. in Conference Room 6 of the Biltmore Hotel.

Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

## 342nd Meeting

The meeting was called to order by Chairman Bruck at 8 a.m., May 1, 1947, in the Biltmore Hotel, Los Angeles.

### 1. *Roll Call:*

Present were President McClendon, President-Elect Cline, Speaker Askey, Vice-Speaker Alesen, Councilors Bruck, Shipman, Crane, Henderson, Anderson, Kneeshaw, Kindall, MacDonald, Green, Cherry, MacLean, Moody, Thompson and Regan, Secretary Garland and Editor Wilbur.

Absent: Councilor Johnston.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, county society executive secretaries Waterson of Alameda and Donovan of Santa Clara, William Tobitt, public relations director of the Alameda County Medical Association, public relations consultant Whitaker, Doctor Dwight H. Murray, chairman, C.M.A. Committee on Public Policy and Legislation, and Doctor C. L. Cooley, secretary of California Physicians' Service.

### 2. *Report of Committee on Committees:*

Upon motion duly made and seconded, the recommendations of the Committee to name members of C.M.A. standing committees was accepted and the

Council chairman authorized to name the chairmen of the standing committees.

### 3. *Order of Business of House of Delegates:*

Speaker Askey requested that the order of business of the House of Delegates be set to provide that the Council recommendations on the budget and on the level of dues for 1948, together with Mr. Whitaker's report to the House, be given in executive session prior to consideration of any other business at the second meeting of the House. Upon motion duly made and seconded, it was voted that the order of business of the House of Delegates be so arranged.

### 4. *Budget and Dues for 1948:*

It was regularly moved, seconded and carried that the members of the Auditing Committee (Councilors Shipman, Kindall and MacLean) appear before Reference Committee Number 3 of the House of Delegates to discuss the 1947-1948 budget and the Council recommendation of dues for 1948.

### 5. *California Physicians' Service:*

Doctor C. L. Cooley, secretary of California Physicians' Service, reported to the Council that the \$20,000 voted on April 30 as a budget item for assistance to C.P.S. would probably not be needed by California Physicians' Service and stated that he would recommend to the Trustees of C.P.S. that funds for these purposes not be requested of the C.M.A. after June 30, 1947. Upon motion duly made and seconded, it was voted to eliminate this item from the proposed budget for 1947-1948.

### 6. *Public Policy and Legislation:*

Doctor Dwight H. Murray, chairman of the Committee on Public Policy and Legislation, discussed the present legislative situation and the activities of his committee and offered to discuss with any qualified member of the Association any aspects of the committee's work.

### 7. *Time and Place of Next Meeting:*

It was agreed that the next meeting of the Council be held at 8 a.m. on Friday, May 2, 1947, in Conference Room 6 of the Biltmore Hotel.

Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

## 343rd Meeting

The meeting was called to order by Chairman Bruck at 8 a.m., May 2, 1947, in the Biltmore Hotel, Los Angeles.

### 1. *Roll Call:*

Present were President McClendon, President-Elect Cline, Speaker Askey, Vice-Speaker Alesen, Councilors Bruck, Shipman, Crane, Henderson, Anderson, Kneeshaw, Kindall, MacDonald, Green,

Cherry, MacLean, Moody, Thompson and Regan, Secretary Garland and Editor Wilbur.

Absent: Councilor Johnston.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, Doctor Dwight H. Murray, legislative chairman, county society executive secretaries Waterson of Alameda, Kihm of San Francisco and Donovan of Santa Clara, Doctor Dorothy Allen, secretary of the Alameda County Medical Association, Mr. William Tobitt, public relations director of the Alameda County Medical Association, and Mr. Clem Whitaker, C.M.A. public relations counsel.

## 2. Committee on Committees:

A supplemental report of the committee to name members of the standing committees was accepted.

## 3. C.P.S. Fee Schedule Committee:

A special committee to review the C.P.S. fee schedule was received and, after discussion, it was regularly moved, seconded and carried that this report be referred by the Council to the Reference Committee on New Business and Resolutions of the C.P.S. Administrative Members.

## 4. Public Policy and Legislation:

Mr. Hassard reported on the current legislative status. Relative to Assembly Bill 950, a C.M.A. measure to provide for direct contracts between voluntary health insurance underwriters and employers, he brought out the fact that certain groups of physicians providing prepayment medical care services had requested an amendment so that the bill would cover their activities. Such an amendment was approved by the Council in Assembly Bill 1200 in the 1945 legislative session, the bill from which the present AB 950 is patterned. It was regularly moved, seconded and carried that the Council approve an amendment to AB 950 to cover the request of physician groups that their activities be included in the terms of this measure.

## 5. A.M.A. Meeting—June 9-13, 1947:

Secretary Garland reported on correspondence with the A.M.A. in which the latter organization had requested that the C.M.A. name a county medical society secretary as California representative on a committee to work with the chairman of a meeting of all county society officers scheduled by the A.M.A. to be held in Atlantic City on June 8, 1947. Dr. Garland reported that after consultation with other Association officers it was felt unwise to make such a nomination on the grounds that the scheduling of this meeting had apparently exceeded the authority granted the A.M.A. Board of Trustees by the December, 1946, meeting of the A.M.A. House of Delegates. He requested the A.M.A. chairman to supply information on this point, but received no reply to three inquiries. Dr. D. H. Murray, as a Trustee of the A.M.A., suggested that Dr. Robertson Ward of San Francisco, one of the C.M.A. delegates to the A.M.A.

and secretary of the San Francisco County Medical Society, be named for this post.

On motion by Cherry, seconded by Shipman, it was voted (by an 8 to 5 vote) that Dr. Murray's suggestion of Dr. Robertson Ward be approved and that Dr. Ward and Secretary Garland be requested to attend the meeting of county society officers in Atlantic City on June 8, 1947, as observers only.

## 6. Illness of Councilor Johnston:

It was brought out that Councilor Johnston had been unable to attend Council meetings because of illness and it was regularly moved, seconded and unanimously carried that the Secretary send a note to Dr. Johnston expressing the sympathy of the Council in his illness and best wishes for his speedy recovery.

## 7. Time and Place of Next Council Meeting:

It was agreed that the next meeting of the Council should be held at 8 a.m. on Saturday, May 3, in Conference Room 6 of the Biltmore Hotel.

Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

## 344th Meeting

The meeting was called to order by President Cline at 8 a.m., in the Biltmore Hotel, Los Angeles.

### 1. Roll Call:

Present were President Cline, President-Elect Askey, Speaker Alesen, Vice-Speaker Donald A. Charnock, Councilors Bruck, Shipman, John Ball, Crane, Henderson, Anderson, Kneeshaw, Donald D. Lum, MacDonald, Green, Cherry, MacLean, Wilbur Bailey, and Thompson, Secretary Garland and Editor Wilbur.

Absent: Councilor Regan.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, Executive Secretary Kihm of San Francisco County Medical Society and Mr. Clem Whitaker, public relations counsel.

### 2. Election of Chairman:

Upon nomination, duly seconded, Edwin L. Bruck was unanimously elected Chairman of the Council.

### 3. Election of Vice-Chairman:

Upon nomination, duly seconded, Sidney J. Shipman was unanimously elected Vice-Chairman of the Council.

### 4. Tuberculosis Association Liaison Committee:

It was regularly moved, seconded and carried that the Chairman appoint a liaison committee to deal with the California Tuberculosis and Health Association.

### 5. Executive Session:

At this point the Council went into executive session.

It was regularly moved, seconded and carried that Secretary-Treasurer Garland be reappointed for the coming year at no salary.

It was regularly moved, seconded and carried that Editor Wilbur be reappointed for the coming year.

It was regularly moved, seconded and carried that Peart, Baraty & Hassard be reappointed legal counsel for the coming year, with authority given to the Executive Committee to fix the terms of compensation for legal services.

It was regularly moved, seconded and carried that Executive Secretary Hunton be reappointed, with authority granted to the Executive Committee to negotiate a term contract and compensation for a period not to exceed three years.

It was regularly moved, seconded and carried that Mr. Whitaker be appointed a member of the Advisory Planning Committee provided the appointment comes within the scope of the original resolution which established this committee.

#### 6. Open Session:

At this point the executive session was declared ended and Doctors Wilbur and Garland and Messrs. Hunton and Hassard returned to the meeting.

#### 7. Time and Place of Next Meeting:

It was agreed that the next meeting of the Council be held the afternoon of June 21 and the day of June 22 in San Francisco.

#### 8. Committee on History:

Councilor Kneeshaw brought up the request of Dr. George H. Kress, Honorary Historian, for the appropriation of funds to carry on the work of preparing a history of the Association. It was regularly moved, seconded and voted that the Secretary notify Dr. Kress that the Council will be glad to receive and consider any such request for funds for this work.

#### 9. Catastrophe Insurance:

Mr. Whitaker suggested that a study be instituted to determine whether or not catastrophe health insurance could be properly underwritten by C.P.S. or by commercial insurance carriers. He suggested that the Bureau of Medical Economics of the American Medical Association might study this question in conjunction with insurance underwriters.

Upon motion duly made, and seconded, it was voted that the Secretary be instructed to direct a communication to the American Medical Association requesting that such a study be made, that Mr. Whitaker be directed to consult with California insurance companies along the same line and that the Council request the Board of Trustees of C.P.S. to consider the advisability of research along this line.

#### 10. Tuberculosis and Health Association:

Report was made on a meeting in Napa County at which a representative of the California Tuberculosis and Health Association had advocated a system of

compulsory health insurance. After discussion, it was regularly moved, seconded and carried that the Secretary be instructed to write to the secretaries of the component county medical societies, pointing out the possibilities of such advocacy by this organization or its representatives and suggesting that they bear such possibility in mind.

#### 11. Resignation of Council Regan:

Chairman Bruck read to the Council a letter from Dr. Louis J. Regan, offering his resignation as a member of the Council. It was regularly moved, seconded and carried that this resignation be accepted.

Chairman Bruck read a second letter from Dr. Regan, offering his resignation as a member of the Committee on Medical Defense. It was moved, seconded and carried that this resignation be not accepted.

#### 12. Vacancy on Council:

The resignation of Dr. Regan left a vacancy on the Council, which under the terms of Article X, Section 8 of the Constitution, may be filled by appointment by the Council until the next meeting of the House of Delegates. It was agreed that this vacancy should be considered at the next meeting of the Council.

Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

### 345th Meeting

The meeting was called to order by Chairman Bruck in the Fairmont Hotel, San Francisco, at 1:30 p.m., Saturday, June 21, 1947.

#### 1. Roll Call:

Present were President Cline, President-Elect Askey, Speaker Alesen, Vice-Speaker Charnock, Councilors Bruck, Shipman, Ball, Crane, Henderson, Anderson, Kneeshaw, MacDonald, Green, Cherry, MacLean, Bailey and Thompson, Secretary Garland, Editor Wilbur.

Absent: Councilor Lum, because of absence from the state.

Present by invitation were Dr. Dwight H. Murray, legislative chairman; Legal Counsel Howard Hassard, Executive Secretary Hunton, Assistant Executive Secretary Wheeler, Public Relations Counsel Clem Whitaker, and Frank Kihm, executive secretary of the San Francisco County Medical Society.

#### 2. Minutes:

On motion duly made and seconded, minutes of the 340th, 341st, 342nd, 343rd and 344th meetings of the Council, held on April 29, April 30, May 1, May 2 and May 3, 1947, were approved.

On motion duly made and seconded, minutes of the 203rd meeting of the Executive Committee, held May 22, 1947, were approved.

### 3. Membership:

(a) A report of membership as of June 20, 1947, showing 8,558 active members in good standing was received.

(b) On motion duly made and seconded, 183 members whose 1947 dues had been received since April 30, 1947, were reinstated to active membership.

(c) On motion made and seconded, retired membership was granted to the following members: Charles Robert Nelson, Alameda County; Dan Hazen Moulton, Butte-Glenn County; John J. Seibel, Fresno County; A. Golitzin, Anna B. Lefler, St. Clair R. Lindsley, James F. Presnell, C. E. Rooney, David Thomson, Herbert W. Wall, Cassius M. C. Walters and William L. Weber, Los Angeles County; Allan Lewis Bramkamp, Benjamin E. Garrison and A. W. Walker, Riverside County; Emmett E. Sappington, San Francisco County; Homer DeWitt Rose, San Joaquin County; and Orta Edward Kuhn, Ventura County.

(d) On motion duly made and seconded, associate membership was granted to the following members: Charles D. Marple, Marin County; Elizabeth Lowenhaupt, San Francisco County, Elmer Bingham and Lester Gale, San Joaquin County; and Louis J. Needels, Santa Barbara County.

### 4. Financial:

(a) Statements of bank balances as of June 20, 1947, revenues and expenditures for May, 1947, and the eleven months ended May 31, 1947, and a balance sheet as of May 31, 1947, were received.

(b) Report was made that \$200,000 par value U. S. Treasury bonds, due 1972 and callable 1967, had been purchased in accordance with Council authorization at the meeting of April 29, 1947, and these bonds transferred to the Trustees of the California Medical Association.

(c) A report was received from California Physicians' Service, showing that expenditures under the community enrollment campaigns during the first three months of 1947 had totaled \$10,773.44, or \$4,226.56 less than the \$15,000 advanced by the Association to cover these additional expenses. The balance for this period has been returned to the Association.

### 5. Public Relations:

Mr. Whitaker reported on a proposed change in the length and hour of the Association's radio program, "California Caravan." It is now possible to secure a period from 1:30 to 2:00 p.m. each Sunday for 52 weeks on the American Broadcasting Co. network at a cost of \$77,000 annually, compared with the present cost of \$66,000 annually for the 15-minute evening period on Fridays. It would also be possible, with this new hour, to work with the Parent-Teachers Association and with schools in training drama and history students and thereby enlist their support of voluntary methods of health care insurance. On motion by MacLean, seconded by Askey, it was voted to make this change and to

appropriate the sum necessary to carry on this program for a full 12 months.

Mr. Whitaker also pointed to the approval of "California Caravan" by the State Parent-Teachers Association and it was agreed that this approval should be publicized through the schools, department of education and other means.

Regarding community enrollment campaigns for voluntary health insurance, it was brought out that some educational and consumer problems had been encountered in the larger cities. On motion duly made and seconded, it was voted that such campaigns in the 19 California counties remaining to be covered should be confined for the time being to the more rural counties and that the campaigns in the larger counties be deferred until fall or later.

Dr. Cline read a letter from the California Tuberculosis and Health Association, in which a letter to county medical societies from the California Medical Association was criticized. After discussion, it was regularly moved, seconded and carried that an appropriate reply be prepared and presented to the Council the following day, the reply to bring out the fact that the medical association was in process of naming a committee to meet with the Tuberculosis and Health Association on matters of mutual interest.

### 6. Public Policy and Legislation:

Dr. Bruck reported on his attendance before a Senate Committee hearing on AB 1500, Governor Warren's health insurance bill, on June 10, at which time the bill was retained in committee and referred to an interim committee for study provided such a committee was to be named. (Later action by the Legislature failed to result in the formation of such a committee.)

Mr. Hassard then reported on the various bills in which the Association was interested, pointing out that on the whole the Legislature had given favorable consideration to the point of view of organized medicine on numerous bills.

### 7. Legal Department:

Mr. Hassard reviewed the present fee schedule for compensation cases and suggested the Association again look into a possible upward revision of this schedule. Upon motion by Cline, seconded by Anderson, it was voted that the Committee on Industrial Practice study this matter and bring in a report to the next meeting of the Council.

### 8. Vacancy on Council:

Dr. Askey called attention to a vacancy existing on the Council by reason of the resignation of Dr. Louis J. Regan of Los Angeles. He moved that the Council elect Dr. Eugene Hoffman of Los Angeles to this vacancy until the next meeting of the House of Delegates. This nomination was seconded by Dr. Char-nock and the Council voted unanimously to elect Dr. Hoffman.

### 9. Executive Session:

At this point the Council went into executive session, with Mr. Hassard invited to remain present.



Mr. Hassard read the terms of an employment contract proposed for the employment of Mr. John Hunton as Executive Secretary. He was instructed to prepare a section covering partial disability of the Executive Secretary and report back the following day.

The Council then considered a statement from Peart, Baraty & Hassard in the amount of \$4,119.53, covering \$3,800 for professional services and \$319.53 for expenses for the period of the 1947 session of the State Legislature. This statement had been submitted in accordance with the instructions given Mr. Hassard at the 203rd meeting of the Executive Committee. Upon motion duly made and seconded, this statement was approved for payment.

10. *Recess:*

At this point, 5:30 p.m., the Council recessed until 9:30 a.m., Sunday, June 22, 1947.

11. *Sunday, June 22, Meeting:*

The meeting was called to order by the Chairman at 9:30 a.m., Sunday, June 22, 1947, at the Fairmont Hotel, San Francisco.

12. *Roll Call:*

Present were President Cline, President-Elect Askey, Speaker Alesen, Vice-Speaker Charnock, Councilors Bruck, Shipman, Ball, Crane, Henderson, Anderson, Kneeshaw, MacDonald, Green, Cherry, MacLean, Bailey, Thompson and Hoffman, Secretary Garland and Editor Wilbur.

Absent: Councilor Lum.

Present by invitation were Executive Secretary Hunton, Legal Counsel Hassard, Public Relations Counsel Whitaker, Legislative Chairman Murray, Dr. C. L. Cooley, secretary of California Physicians' Service, Mr. William M. Bowman, executive director of C.P.S., Assistant Executive Secretary Wheeler and Executive Secretaries Rollen Waterson of Alameda County and Frank J. Kihm of San Francisco County.

13. *Rise From Executive Session:*

Upon motion duly made and seconded, the Council voted to rise from the executive session in effect at the time of the previous day's recess.

14. *Letter to Tuberculosis Association:*

Dr. Cline read the draft of a letter to the California Tuberculosis and Health Association, which, upon motion duly made and seconded, was approved to be sent by the Association secretary.

15. *Return to Executive Session:*

At this point the Council again went into executive session, with Mr. Hassard requested to remain.

Mr. Hassard read and explained a section of the proposed contract between the Association and the executive secretary covering partial disability and on motion duly made and seconded it was voted that the Chairman of the Council, the legal counsel and

the Executive Secretary work out the details of this section.

On motion duly made and seconded, the Chairman of the Council and the Association Secretary were instructed to sign this contract when the section covering partial disability was satisfactorily framed.

16. *American Medical Association Meeting:*

Dr. Cline reported, as chairman of the California delegation, on the annual session of the A.M.A., held in Atlantic City June 9 to 13, 1947. He paid tribute to the fine work of all California delegates and stated that there was apparently increasing respect in the A.M.A. House of Delegates for the objectives which California delegates have sought in recent years.

17. *C.M.A. Annual Session—House of Delegates:*

The Council next considered the decisions of the Association's House of Delegates at its meetings of April 30-May 2, 1947.

(a) On Resolution No. 1, covering organization of sections of general practice in hospitals, it was regularly moved, seconded and carried that a copy of this resolution be sent to every hospital in California, with a letter of transmittal which would point out that this resolution was not intended to apply to hospitals which are not already departmentalized.

(b) On Resolution No. 6, covering prizes for scientific papers and scientific exhibits at annual session, it was regularly moved, seconded and carried that the Council Chairman appoint a committee on prizes, with authority for such committee to name a secret committee on awards.

(c) On Resolution No. 8, covering free choice of physician in compensation cases, it was regularly moved, seconded and carried to refer this matter to the Committee on Public Policy and Legislation for such action as it might be able to take, and to write the author of the resolution pointing out that further legislative proposals cannot be introduced at this session and requesting specific suggestions for legislation which might be introduced at the next session of the Legislature.

(d) On Resolutions No. 14 and No. 19, covering medical economics, it was moved, seconded and carried to refer these resolutions to the standing Committee on Medical Economics.

At this point there was a discussion of medical economics, including relationships between California Physicians' Service and the county medical societies. On motion duly made and seconded, and after the adoption of amendments, it was voted that a letter be sent to all county society secretaries suggesting (1) that publicity be given to the existence of professional conduct (fee-complaint) committees within each county society and (2) that efforts be made to eliminate all professional or lay organizations which grant rebates from fees received.

On motion by Cline, seconded by Anderson, it was voted to appropriate \$2,500 to the Committee

on Medical Economics to inaugurate the work of the committee in accordance with instructions of Resolutions No. 14 and No. 19 of the 1947 House of Delegates.

On motion by Cline, seconded by Bailey, the Council voted the following program:

1. That California Physicians' Service be requested to continue its normal growth, and accept such new groups as may apply for membership, but to devote its primary effort to increasing the membership in existing groups during the next several months.

2. That Mr. Whitaker prepare and mail to all Association members a news letter or bulletin containing such information as he believes to be indicated after conference with the Committee on Medical Economics, the officers, the Legislative Committee and the Advisory Planning Committee.

3. That teams consisting of (1) an official representative of the Association, (2) an official representative of California Physicians' Service and (3) Mr. Whitaker or a member of his staff be sent to various county medical societies at their request to clarify, answer and attempt to resolve any questions concerning health insurance which may remain.

(e) On Resolution No. 10, covering qualifications of coroners, it was regularly moved, seconded and voted that an appropriate letter be sent to all county medical societies.

(f) On Resolution No. 22, covering the study of all health insurance programs, it was regularly moved, seconded and carried that this matter be referred to the Committee on Medical Economics.

(g) On Resolution No. 23, covering a study of the Principles of Ethics with particular regard to the propriety of certain types of prepaid medical care contracts, it was moved by Cline, seconded by Charnock and voted that a committee be appointed to study the matter and bring in a report, with no time limit set for the final report.

(h) On Resolution No. 25, covering awards for research by interns and residents, it was regularly moved, seconded and carried that the matter be referred to the committee on prizes established under 17 (b) above.

(i) On Resolution No. 29, covering a revision of the Association's Constitution and By-Laws, it was regularly moved, seconded and carried that the Council proceed with the formation of a committee, the Chairman of the Council to make the appointments to this committee for the Councilor districts as called for in the resolution.

#### 18. *New Mexico Physicians' Service:*

A letter was read to the Council, in which the writer sought to become a temporary employee of the Association for the purpose of investigating asserted difficulties faced by New Mexico Physicians' Service. A motion that this letter be referred to New Mexico Physicians' Service failed to pass. On motion

by Thompson, seconded by Alesen and amended by Askey (amendment accepted by the mover and seconder) it was voted that the writer of the letter be referred to New Mexico Physicians' Service and advised that the California Medical Association felt no need of his services at this time.

On motion by Kneeshaw, seconded by Ball, it was voted to send the executive secretary to New Mexico to look into the asserted difficulties there.

#### 19. *California Physicians' Service:*

Resolution No. 28 of the 1947 House of Delegates, covering proposed operating procedure changes in C.P.S., was considered as a part of the C.P.S. agenda. On motion duly made and seconded, it was voted that the Council refer this matter to the Trustees of C.P.S.

Dr. C. L. Cooley, Secretary of C.P.S., then reported on the return of \$4,226.56 to the Association out of the monthly appropriation for the first three months of 1947 and estimated that the return for the second calendar quarter would amount to \$6,000 or \$7,000. He also reported on problems facing C.P.S. in the proposed enrollment of the students at Menlo Junior College and in the attitude of some C.M.A. members. He stated that the Trustees of C.P.S. would meet June 29 to consider these matters.

Mr. W. M. Bowman reported that as of July 1, 1947, C.P.S. enrollment in the commercial program would be more than 500,000. For May, 1947, new enrollments totaled 43,000, over 35,000 of which came from the Southern California territory.

Mr. Paolini, auditor for C.P.S., then distributed the audited annual report of C.P.S. and reviewed it, answering questions.

#### 20. *Committees:*

(a) On motion duly made and seconded, the Council approved the Chairman's selection of Councilors Shipman (chairman), Lum and MacLean as members of the Auditing Committee.

(b) Decision was deferred on the selection of an alternate to Dr. Donald Cass, Delegate to the A.M.A., to fill a vacancy.

(c) On motion duly made and seconded, it was voted to name the standing Committee on Technical Societies and Affiliated Groups as a liaison committee to meet with a similar committee from the California State Nurses Association.

(d) On motion duly made and seconded, it was voted that the standing Committee on Hospitals and Dispensaries be named to meet with an appropriate committee of the California Hospital Association in regard to the Hill-Burton Hospital Construction Bill.

(e) On motion duly made and seconded, it was voted that the Association president name a committee to meet with the State Department of Public Health to consider problems in connection with a possible increase in the incidence of poliomyelitis. President Cline named this committee as Donald D. Lum, chairman, Alameda; Harold Crowe, Los An-

geles; Sam J. McClendon, San Diego; Edward B. Shaw, San Francisco, and Otis Whitecotton, Oakland.

(f) On motion duly made and seconded, Dr. Carroll Andrews of Sonoma was voted as the Association's chairman of Rural Health Service, to work with an A.M.A. committee of which Dr. Frank Doughty of Tracy is regional director.

#### 21. *Cancer Commission:*

At the request of the Cancer Commission, it was regularly moved, seconded and carried that \$3,000 be appropriated toward the annual salary of a medical director to serve both the C.M.A. Cancer Commission and the American Cancer Society.

#### 22. *New and Miscellaneous Business:*

(a) The Chairman read a letter from a colleague in Minnesota, suggesting that stricter requirements be placed on medical licensure in California. It was regularly moved, seconded and carried that this letter be referred to Dr. Frederick Scatena, Secretary of the State Board of Medical Examiners.

(b) It was regularly moved, seconded and carried that a letter referring to the administration of the Crippled Children's Act be referred to Dr. Jessie Bierman of the State Department of Public Health.

(c) The chairman reported a request from an official of the State Department of Public Health that the Association cooperate with the department in establishing a system of blood banks within the present framework and budget of the department. On motion duly made and seconded, the chairman was authorized to activate a blood bank committee previously appointed and to authorize it to work through physicians already active in community blood bank programs.

(d) Dr. Cline brought up the question of renewing efforts to enact a Basic Science Law in California. On motion duly made and seconded, it was voted that the Council Chairman appoint a committee to study this question. The chairman named as a committee a representative of the deans of the five medical schools in California (to be chosen by said deans), Drs. Dwight H. Murray, John W. Cline and E. Vincent Askey.

(e) It was regularly moved, seconded and carried that the Association become an Association Member at \$200 annually of the information service inaugurated by Marjorie Shearon, Ph.D., of Washington, D. C.

#### 23. *Time and Place of Next Meeting:*

It was agreed that the next meeting be held at the call of the Chairman, in Los Angeles about the end of September.

Adjournment.

EDWIN L. BRUCK, M.D., *Chairman*  
L. HENRY GARLAND, M.D., *Secretary*

## Minutes of Executive Committee Meeting

### TENTATIVE DRAFT: MINUTES OF THE 203RD MEETING OF THE EXECUTIVE COMMITTEE, CALIFORNIA MEDICAL ASSOCIATION

The meeting was called to order by Chairman Shipman at the Family Club, San Francisco, at 6:30 p.m., May 22, 1947.

#### 1. *Roll Call:*

Present were President Cline, President-Elect Askey, Speaker Alesen, Council Chairman Bruck, and the chairman, Sidney J. Shipman, Chairman of the Auditing Committee. Ex-officio member present, L. Henry Garland, Secretary-Treasurer. Present by invitation were Executive Secretary Hunton and Legal Counsel Hassard.

#### 2. *Time of 1948 Annual Session:*

Secretary Garland reported that the dates of April 5-8 or April 12-15, 1948, were available for the 1948 Annual Session. On motion duly made and seconded, it was voted that the 1948 Annual Session be held from April 12 to April 15, 1948, in San Francisco.

#### 3. *Employment of Executive Secretary:*

Chairman Shipman reported that the Council, in executive session on May 3, 1947, had suggested that the Executive Secretary be placed under a three-year contract, subject to renegotiation for renewal at some time prior to its terminal date. This was discussed and the Executive Secretary expressed approval of the contract terms, requesting that the salary increase be made at the rate of \$2,000 per annum. At this point the Executive Committee went into executive session, Messrs. Hunton and Hassard retiring. On motion duly made and seconded, it was voted that the Executive Committee recommend to the Council that the salary of the Executive Secretary be increased \$2,000 per annum for each of the next three years and that a contract for his services for that period be drawn up by legal counsel.

#### 4. *Compensation of Legal Counsel:*

The committee discussed the extra services demanded of legal counsel during legislative sessions, over and above the services upon which the annual retainer fee is based. It was pointed out that the legislative services of legal counsel are increasing with each legislative session and that this work throws an extraordinary burden on legal counsel. Upon motion regularly made and seconded, it was voted that the committee recommend to the Council that the retainer fee of Peart, Baraty and Hassard remain at the present level and that legal counsel be requested to render a statement for extraordinary services rendered in connection with the Association's legislative activities.

#### 5. *California Tuberculosis & Health Association:*

The chairman reported that some officials of the

California Tuberculosis & Health Association had been disturbed by a letter sent to county society secretaries under date of May 17, 1947, by Secretary Garland under instructions from the Council. He urged that the Association work more closely with the California Tuberculosis & Health Association. After discussion it was agreed that the Chairman of the Council should proceed with the appointment of a liaison committee authorized by the Council and that this committee be instructed to work toward the elimination of differences in the programs of the two associations.

#### 6. *Reprints of Original Article:*

A request from the Council on Medical Service of the American Medical Association for 3,500 reprints of an article in the April, 1947, issue of *California Medicine*, for distribution throughout the country was presented. The article was written by Doctor John W. Cline and entitled "Public Relations of a State Medical Society." Upon motion duly made and seconded, it was voted that the Association provide the reprints requested.

#### 7. *Agricultural Workers Health and Medical Association:*

A letter from Doctor J. Frank Doughty was presented, urging that medical care to the California Agricultural Workers Health and Medical Association be provided through California Physicians' Service. It was agreed that this suggestion merited further consideration and that additional facts be ascertained prior to presenting this matter to the Council.

#### 8. *Public Policy and Legislation:*

Mr. Hassard reported on several pending legislative items and requested authority to handle certain situations in the light of current developments. Such authority was granted.

Adjournment.

## In Memoriam

BABCOCK, LEWIS GEORGE. Died in Pasadena, June 5, 1947, age 52, following a long illness. Graduate of the College of Physicians and Surgeons, Los Angeles, 1921. Licensed in California in 1921. Doctor Babcock was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

BOLINGER, HUGH J. Died in Lodi, June 28, 1947, age 59, of a heart attack. Graduate of Rush Medical College, Illinois, 1913. Licensed in California in 1914. Doctor Bolinger was a member of the San Joaquin County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

GAGNON, ARTHUR LOUIS. Died in San Diego, March 26, 1947, age 73, of coronary thrombosis. Graduate of Rush Medical College, Illinois, 1900. Licensed in California in 1921. Doctor Gagnon was a Retired Member of the San Diego County Medical Society and the California Medical Association.

GOCHER, THOMAS EDMUND PEACHEY. Died in San Rafael, June 22, 1947, age 56. Graduate of the University of Toronto Faculty of Medicine, Ontario, 1915. Licensed in California in 1923. Doctor Gocher was a member of the Marin County Medical Society, the California Medical Association, and the American Medical Association.

NIXON, ALBERT CROMBIE. Died in Los Angeles, June 15, 1947, age 59. Graduate of the University of Western Ontario Medical School, London, 1914. Licensed in California in 1922. Doctor Nixon was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

SMITH, STEPHEN HERBERT. Died in Pasadena, June 3, 1947, age 67, of coronary thrombosis. Graduate of the University of Michigan Medical School, Ann Arbor, 1905. Licensed in California in 1907. Doctor Smith was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

